

Outcomes of Orphanhood in Ethiopia: A Mixed Methods Study

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Abstract The paper addresses the question of whether parental death always has a strongly negative effect on children's outcomes using quantitative and qualitative data from Young Lives, a longitudinal study of childhood poverty in Ethiopia. It investigates the validity of potential mediating factors identified by other studies in Sub-Saharan Africa using data from the whole sample ($n = 973$) and explores these processes in-depth through the experiences of three orphans in one community in Addis Ababa. The paper concludes that the outcomes of orphans and non-orphans in poor communities are not significantly different, supporting the need to address vulnerability at a societal level. Nonetheless, specific groups, for example, older female children who have lost their mothers, may face particular risks that should be addressed with targeted interventions.

Keywords Ethiopia · Children · Mixed methods · Orphans · Developing countries · Urban

1 Introduction

Becoming an orphan is an increasingly common experience for children in Ethiopia: the most recent Demographic and Health Survey (DHS 2005) calculated that 23% of 15–17 year olds have lost one or more parent, and the Ethiopian Ministry of Health (EMOH 2007) recorded nearly five million child orphans in 2005, a growing number of whom had lost both parents (Beegle et al. 2009). These deaths are due not primarily to HIV/AIDS, but to high maternal mortality (548–799 deaths per 100,000 births, DHS 2007), acute illness (life expectancy was 54.7 years at birth, HDR 2009), and the effects of drought, famine, displacement, migration and conflict in the border regions. High adult mortality combines with poverty as 39% of the population live below \$1.25 per day (HDR 2009). In this setting, deWaal et al.'s (2009) call to avoid treating 'Orphans and Vulnerable Children' (OVCs) as a homogenous and exceptional category, and respond to the needs of

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specific groups and to vulnerability at a societal level has particular salience (see also Bray 2003; Meintjes and Giese 2006).

But does parental death always have a strongly negative effect on children's outcomes and what factors mediate this? The paper addresses this question using quantitative and qualitative data from Young Lives, a longitudinal study of childhood poverty, collected from 2002–2008 in 20 Ethiopian sites. It reviews literature on the effects of orphanhood in Sub-Saharan Africa to identify potential mediating factors and investigates the validity of these factors using descriptive statistics from Young Lives. It then explores these processes in-depth through the experiences of three orphans in one community in Addis Ababa.

2 Literature Review

Six factors appear to influence children's experiences of orphanhood in Sub-Saharan Africa: the gender of the dead parent, the timing of their death, the child's gender, and the relationship with and location of subsequent caregivers. Table 1 summarises studies of orphans' outcomes from Sub-Saharan Africa that take these factors into account.

The majority of studies focus on educational indicators such as enrolment and expenditure, with a few also looking at outcomes such as literacy, health or subjective wellbeing. While orphans generally do worse than non-orphans (Beegle et al. 2006; Mishra et al. 2007), especially if their parents had HIV/AIDS (Cluver et al. 2007), this is not always the case. For example, Kadilyala et al. (2009) report lower levels of stunting among double orphans than non-orphans. There is also differentiation in outcomes according to the type of orphanhood with poorer outcomes reported for maternal orphans in Tanzania (Ainsworth and Semali 2000; Beegle et al. 2007; Baaroy and Webb 2008), Kenya (Evans and Miguel 2007), and Ethiopia (Bhargava 2005; Himaz 2009). Female orphans experience poorer outcomes in Sub-Saharan Africa as a whole (Case et al. 2004), Tanzania (Baaroy and Webb 2008), Uganda (Yamano et al. 2006), and Ethiopia (Bhargava 2005). In the case of Uganda, however, while girls were less likely than boys to be in school before their mother's death, presumably due to their care giving role, the situation reversed after their mother's death.

Among the factors that mediate the effects of parental death, timing of the death appears to be particularly important. Himaz (2009) suggests that children orphaned between ages 8 to 12 had poorer learning outcomes and later enrolment in school than those orphaned before age 8. This was attributed to changes in living and care arrangements at a point when they would be expected to start school. Pakati (1984) observes reluctance on the part of potential caregivers to accept older children into their household and Townsend and Dawes (2004) concur that in South Africa adoptive or foster parents are more likely to accept a child aged 0–6 than one aged 6–16. Older children's educational outcomes may also be affected if they need to work to support themselves or their siblings (Booyesen and Arntz 2002; Seeley 2008; Himaz 2009).

Michael Rutter has devoted most energy to studying the long term effects of early orphanhood and notes that it is an area of persistent debate, partly due to the methodological challenges of separating the effects of earlier and later experiences (Rutter 1981). He observes that while

Some have viewed [experiences in the first two years of life] as having a critical and lasting impact that is difficult to alter (Pilling and Pringle 1978). Others have doubted their effects because of infants' limited ability to process their experiences cognitively (Kagan, 1984). Some have emphasised the high potential for radical change

Table 1 Studies of orphan outcomes in Sub-Saharan Africa

Context	Orphan outcomes	Reference
North-western Tanzania	Orphans more likely to be stunted than non-orphans, reflecting their location in the poorest households with lower access to education and healthcare. However, maternal orphans had poorer nutritional status than paternal orphans, regardless of the household's socio-economic status	Ainsworth and Semali (2000)
28 countries in Sub-Saharan Africa, Latin America and the Caribbean, not Ethiopia (DHS data from 1990s)	Great diversity across countries; differences in outcomes for orphans likely to be related to household socio-economic status; gender differences no more acute than among non-orphans	Ainsworth and Filmer (2002)
Western Kenya (1,190 aged < 6 years, 7.9% orphaned)	No differences between orphans and non-orphans in health indicators such as prevalence of fever, however, weight and height for age were 0.3 standard deviations lower than non-orphans, especially for children who were paternal orphans or had lost a parent more than one year ago	Lindblade et al. (2003)
Sub-Saharan Africa (10 countries) Ethiopia (DHS 2000)	Reduced school attendance, especially when orphan is not biologically related to the caregiver	Case et al. (2004)
Rural Kenya (1,266 households surveyed in 1997, 2000, and 2002)	Double orphans and paternal orphans significantly less likely to be enrolled in school than non-orphans (not significant for maternal orphans), even after controlling for location, socio-economic status, etc	USAID (2004)
Tanzania (panel data on children orphaned before 1991)	School attendance, especially for children in poor households, is negatively correlated with provincial HIV-prevalence rates. Girls in these households were less likely to be in school prior to the death of an adult than children in unaffected households; however, boys were less likely to be in school after an adult death	Yamano and Jayne (2005)
Ethiopia (1,000 maternal orphans aged 10–18)	Maternal orphans less likely to be enrolled, or if they were enrolled, likely to have completed fewer years of schooling and had less money spent on their education than children whose mothers were alive during their childhoods	Ainsworth et al. (2005)
KwaZulu Natal, South Africa	Girls who were maternal orphans scored significantly lower than boys on emotional and social adjustment items from the Minnesota Multiphasic Personality Inventory-2 and were less likely to be in school. Maternal orphans of both sexes whose mother had died of AIDS were more likely to be in school than those whose mother had died of non-AIDS related illnesses. Children's participation in paid work more than doubled after their mother's death and this reduced school attendance by 80% (there was no significant relationship between paid work and school attendance before the mother's death). Their emotional adjustment was improved if the child's father was in the household	Bhargava (2005)
Tanzania (children orphaned aged 7–15)	Negative correlation between father's death and educational attainment (enrolment, years of schooling, educational expenditure) relative to non-orphans, including other children in the same household	Case and Ardington (2006)
Tanzania (41 matched orphans and non-orphans)	Reduced height for older and their parents died enrolled when their parents died	Beegle et al. (2006)
	Reduced school attendance, although same performance on maths test as non-orphans; increased hunger and psychological distress	Makame et al. (2007)

Table 1 continued

Context	Orphan outcomes	Reference
SubSaharan Africa (DHS 2003–2005)	Orphans are more likely to have untreated acute respiratory infections	Mishra et al. (2007)
Kenya	Substantial decrease in school participation following a parent's death and a smaller drop before the death, especially for maternal orphans and for those with low baseline academic performance	Evans and Miguel (2007)
Uganda (UNICEF qualitative study)	Increased experience of physical abuse	McGaw and Wameyo (2005)
Cape Town, South Africa (qualitative study of children and caregivers from HIV-affected households)	Range of risk factors identified, including stigma, abuse and peer factors which were specific to HIV/AIDS-related bereavement	Cluver and Gardner (2007)
Rural Uganda (940 households, 2003)	Girls aged 15–18 who are double orphans or single orphans not living with the surviving parent are significantly less likely to attend school. There are no differences for 7–14 year olds	Yamano et al. (2006)
North-western Tanzania (re-interviewed 718 adults in 2004 who were surveyed 1991–1994)	Negative correlations between maternal orphanhood before age 15 and health and education outcomes	Beegle et al. (2007)
Cape Town, South Africa (1025 children aged 10–19)	Controlling for socio-demographic factors, children orphaned by AIDS were more likely than non-orphans and children orphaned by other causes to report symptoms of depression, peer relationship problems, post-traumatic stress, delinquency and conduct problems	Cluver et al. (2007)
North Tanzania (1,960 children aged 6–19)	Female maternal and double orphans identified as the most vulnerable group in relation to education, paid work and psychosocial well-being, e.g. reporting poor relationships with caregivers and mistreatment in previous households	Baaroy and Webb (2008)
Ethiopia	Higher levels of stunting for single orphans, but not double orphans as these were lodged in wealthier households	Kadiyala et al. (2009)
Ethiopia	42% of maternal orphans could either not read or only read letters at age 11–12 compared with 25% of paternal orphans and 23% of non-orphans; 26% of children who had lost a mother between rounds could not write compared to 10% of non-orphans/ those who had lost a father. Maternal orphans were 21% less likely to be enrolled in school and spent nearly one hour per day more on household chores than non-orphans. Lower expectations for orphans among 'other relatives' compared to siblings or grandparents (anticipated that they would complete 7 years of schooling rather than 12), which seemed to affect children's expectations—only 9% of maternal orphans thought that education and better grades would make their lives better	Himaz (2009)

after the early years (Clarke and Clarke 1976), and yet others have seen the long-term consequences as dependent on the cumulative impact of experiences beginning in infancy (Lipsitt 1983)
(Rutter and the ERA study team 1998:465)

The initial conclusions from Rutter's longitudinal research on institutionalised Romanian orphans who were adopted in the UK were that children who were adopted before the age of 6 months show no negative outcomes, and in all cases the quality of subsequent care is the best predictor of positive outcomes. His earlier UK-based research on parental separation and death confirms the importance of context, and of distinguishing between risk *indicators* and risk *mechanisms*, as it seems that 'separation as such constituted only a minor risk factor and that the accompanying family discord and disruption were probably the key risk factors' (Rutter 1999:483).

Wild's (2001) review of studies from Africa and the USA argues similarly that orphaned children 'will not invariably be dysfunctional' because 'family process variables and the supports available to children may be more important predictors of children's adjustment than parent's illness or death per se' (in Bray 2003:46). The importance of care arrangements is highlighted by Abebe and Aase's (2007) qualitative study of 42 Ethiopian orphans, which distinguishes four types of extended families: *adaptive* or *capable* and *rupturing* or *transient* families. While the first two types support positive outcomes, the last two types cannot as they lack the capacity to provide economic, emotional and social care in the form of 'social parenting' or socialisation. They found no evidence of discrimination and claimed that "the majority of our child informants felt included in the everyday lives of families and communities" (ibid:2067). Negative outcomes from orphanhood are therefore not inevitable, given the presence of 'protective factors' such as 'family provision, quality of care and economic assistance' (Sherr et al. 2008:535). For example, Beegle et al. (2009:28) reports that in Ethiopia 83% of paternal orphans live with their mothers, 70% of maternal orphans with their fathers, and 51% of double orphans with a grandparent.

The location, and related to that the socio-economic status of the household are also important, with evidence from DHS 2005 and Young Lives (Table 2) that the majority of orphans are in urban areas so share the benefits of higher school enrolment, better access to services and reduced time spent working (Woldehanna et al. 2008). This needs to be seen in context, however, as DHS also reported that only 47% of children in urban areas were living with both parents compared to 75% in rural. Orphans also tend to live in richer households than non-orphans: 13.1% of orphans were in the highest wealth quintile compared to 11.3% in the bottom three wealth quintiles (DHS 2005). However, this may not mean that orphaned children receive an equal share of resources and encouragement (Case et al. 2004; Case and Ardington 2006): Himaz (2009) reports lower expectations on the part of caregivers for these children's education.

Table 2 Orphans in the older cohort sample, 2006 ($n = 973$)

Category	Urban		Rural		Total
	No:	%	No:	%	No:
Double orphans	22	76	7	24	29
Maternal orphans	17	55	14	45	31
Paternal orphans	68	57	50	42	118
Non-orphans	283	36	512	64	795

This brief review has established the importance to outcomes of the timing of orphanhood and nature of care arrangements which relate to whether the child has lost a father, mother, or both parents, with grandparents more willing to adopt children in the last two cases. The data presented in Sect. 4.1 suggests that the gender of the dead parent interacts with the gender of the child, increasing the vulnerability of female maternal orphans.

3 Methodology

The quantitative data and qualitative data used in this paper was collected by Young Lives (www.younglives.org.uk), from 20 sentinel sites in the five most populous Ethiopian regions (Amhara, Tigray, Addis Ababa, Oromia, Southern Nations, Nationalities and People's Region). Questionnaires were administered to 1,000 children and their households in 2002 and 2006 when they were aged 7–8 and 11–12 years old respectively. Of these 1,000 children, 10% had lost at least one parent by age 7–8, when they were first surveyed, and 18% by age 11–12 ($n = 178$). The majority of orphans in Young Lives were located in urban areas (27% vs. 12% in rural), and this was especially true of double orphans (76%). While there were similar numbers of boys and girls who had lost one parent, considerably more girls were double orphans (69% vs. 31%).

In addition to questionnaires to children, households, and community informants, group and individual interviews were conducted with a subsample of 50 children aged 11–12, caregivers and significant figures in the children's lives such as teachers from five sites in 2007 and 2008. The qualitative sites comprised two urban communities (Addis Ababa and a regional capital) and three rural, two of which were relatively remote. Case study children and 'reserves' were sampled using survey data from rounds one and two. Age and gender were the main criteria (equal numbers of children from the older and younger cohorts, and within each cohort of boys and girls), supplemented by indicators of vulnerability such as orphanhood. The 30 case studies comprised 17 single orphans and seven double orphans, five of whom were living in an urban community in Addis Ababa, *Atkiltit tera*.

The qualitative data analysed in this paper comes from *Atkiltit tera*, which is described below (pseudonyms have been used for children and their communities). This was chosen because it has the highest prevalence of orphans so the children's experiences can be taken as representative of their peers. *Atkiltit tera* is a densely populated community in the national capital (14,066 inhabitants) which is ethnically and religiously diverse, albeit with a predominance of the Amhara ethnic group and Ethiopian Orthodox Christians. While indicators of absolute poverty were low, respondents nonetheless perceived themselves as poor relative to others in the community, suggesting the presence of material inequalities. *Atkiltit tera* is located next to the city's fruit and vegetable market, which provides economic opportunities for adults and children, but is dirty due to rotting fruit and vegetables. Young girls reported harassment in the public spaces, and caregivers were concerned that their children were exposed to prostitution, gambling, and the consumption of home brewed alcohol and drugs.

Three case studies are explored to illustrate common protective processes among orphaned children in urban Ethiopia (the majority of orphans live in urban centres). This enables contextualisation of the quantitative findings and exploration of protective factors such as peer groups which are not included in the survey. The case studies are of children aged 14–15 in 2008 who had lost one or both parents before 2002,¹ are living in *Atkiltit*

¹ Tessema lost his mother aged five and his father aged two, Berhane lost her mother aged six and her father one year later, aged seven, and Teferi lost both his parents aged seven.

tera and represent three of the four categories in Abebe and Aase's (2007) taxonomy. The two boys, Teferi and Tessema, live in households that can be characterised respectively as *transient* and *adaptive*, while the girl, Berhane, lives in a relatively large compound with a live-in servant (*capable*). The data used to construct the case studies spans two periods of fieldwork in 2007 and 2008 and comprises group and individual interviews with the children, their caregivers, and their teachers, children's activities such as writing diaries and constructing timelines, and observation of their home and school environments.

4 Results

4.1 Quantitative Data

4.1.1 Household Characteristics

Young Lives data supports Beegle et al.'s (2009) conclusion that orphans are integrated into existing family structures. For example, in Round 1 (2002) 86% of children who had lost their father were cared for by their mother and 36% of those who had lost their mother were cared for by their grandmother. Only 5% of children were cared for by distant or 'other' relatives. Children's outcomes are also affected by the smoothness of the transition to new caregivers after parental death, which is not captured in the survey, although it does emerge from the case studies, as discussed in Sect. 4.2.

Table 3 suggests that children who lost their mother are in wealthier households than those where both parents are alive or where the father is dead and the mother is the household head. Households adopting double orphans are also significantly smaller than those where both parents are still alive (5.2 vs. 6.7 members, $p \leq 0.001$).

4.1.2 Outcomes

4.1.2.1 Health Measures of Body Mass Index (BMI) and Height-for-Age (HAZ) indicating wasting and stunting respectively do not show statistically significant differences between orphans and non-orphans. This may reflect the greater prevalence of orphans in urban and richer households. While there were no significant differences in the percentage of orphans who reported their health to be as good as their peers, there were differences when orphanhood was combined with socio-economic status as 52% of orphans in the lowest wealth quintile (13% of non-orphans) reported that their health was worse than their peers, compared to 10% of orphans (8% of non-orphans) in the richest quintile.

Table 3 Socio-economic status of households with orphans, 2006

Expenditure quintile	Double orphans (%)	Maternal orphans (%)	Paternal orphans (%)	Non-orphans (%)
1st (bottom)	10	14.3	23.3	20.1
2nd	0	14.3	19.8	20.1
3rd	10	14.3	17.4	20.5
4th	30	33.3	18.6	19.6
5th (top)	50	23.8	20.9	19.7

Table 4 Schooling indicators at age 12, 2006

	Double orphans		Maternal orphans		Paternal orphans		Non-orphans	
	Urban (%)	Rural (%)	Urban (%)	Rural (%)	Urban (%)	Rural (%)	Urban (%)	Rural (%)
Never enrolled in school	0.3	4.4	0	0	0	5.3	0	0
Enrolled in 2006	100	100	92.3	100	95.8	97.2	98.8	96.6
Missed school for a week or more	28.6	66.7	25	12.5	15.2	20	14.2	13

Table 5 Schooling outcomes at age 12 (adapted from Himaz, 2009)

	Both parents alive at age 12 (%)	Mother died between ages 8 and 12 (%)	Father died between ages 8 and 12 (%)
School enrolment	95	78*	92
Missed school for at least a week over past year	13	33*	13
Drop-out rate	2	11*	1
Never schooled	2	10*	5

* Significance < 10%

Table 6 Differences between maternal, paternal and non-orphans in reading and writing (adapted from Himaz 2009)

	Maternal orphans (%)	Paternal orphans (%)	Non-orphans (%)
Percentage who cannot read anything or read only letters	42*	25	25
Percentage who cannot write at all	26*	9	11

* Significance < 10%

4.1.2.2 Schooling There were differences in enrolment, absence, and drop-out rate (Table 4); however, these only became significant when the experiences of non-orphans were compared with orphans who had lost a parent from 2002–2006 (Table 5).

Children's cognitive achievement was assessed using Peabody Picture Vocabulary Test (PPVT, Dunn and Dunn, 1997) and maths and literacy tests. Scores for PPVT and maths tests occupied a narrow range (91–103 out of 127 and 4–5 out of 10) and the differences were not significant. This was also true for the percentage of children who cannot read anything or only read letters (23.8–30%) and cannot write at all (10–15.5%). By focusing on children who became maternal or paternal orphans in the previous 4 years, Himaz (2009) found significant differences between the outcomes of maternal orphans and non-orphans (Table 6), illustrating the importance of taking into account timing as well type of orphanhood (unfortunately numbers were too small to also look at gender).

4.1.2.3 Subjective Wellbeing (SWB) The measure of SWB was an adaptation of Cantril's 'ladder' (1965) that asks the child where they place themselves on a ladder of one to nine rungs with the lowest and highest rungs reflecting the worst and best possible outcomes in

Table 7 Differences between orphans and non-orphans in time use, 2006

Hours	Orphans				Non-orphans			
	Urban	Rural	Male	Female	Urban	Rural	Male	Female
School/studying	7.74*	6.54*	6.91*	7.52*	7.84*	6.72*	4.40*	4.67*
Work	3.29*	5.05*	3.81*	4.19*	3.29*	5.30*	7.10*	7.19*

* Significance < 0.05%

life. This was followed by a question asking where the child will place themselves in 4 years time, which reflects their sense of optimism. Double and non-orphans placed themselves between the 4th and 5th rungs of the ladder; however, non-orphans believed they would move further up the ladder within 4 years than orphans (6–7th and 5th–6th rungs respectively). Paternal orphans were least positive about their current situation, placing themselves between the 3rd and 4th rungs, which may reflect a lower standard of living in female-headed households. Children who had not lost a parent reported having more sources of support overall and for particular problems such as being teased by another child (85% vs. 79% for paternal and double orphans), but these differences were not significant.

4.1.2.4 Time Use There were small but significant differences ($p \leq 0.05$) between orphans and non-orphans on hours spent working (paid, unpaid and domestic work, including care giving), even when this was disaggregated by location and gender, with female orphans spending longer working and studying. However, while there were larger differences between different types of orphan, these were not significant. Table 7.

4.2 Case Studies

The second part of the analysis section sets the surprisingly positive outcomes reported for orphans in Sect. 4.1 in context. It explores ‘protective factors’ such as individual motivation and psychosocial wellbeing, support from family and peers, and positive attitudes towards education on the part of caregivers (see also Cluver and Gardner 2007) in relation to the experiences of Teferi, Berhane and Tessema. Table 8 reports the outcomes analysed in the previous section for the case study children.

All three children report good health; however, there is some variation in educational outcomes. Teferi’s scores for maths and PPVT are higher than average, possibly because he takes a strategic approach to his schooling. For example, he is currently in grade seven because he decided to repeat the grade, against his teachers’ wishes, as he wasn’t confident in his abilities in English: ‘I attended the exam, but left part of the questions [on purpose]. I think if I repeat [the lesson] I can understand it. I did not inform [my family] but I decided by myself’. While Tessema is in grade five due to interruptions in his education after his parents’ death, he is keen and described his ranking in class as just as important to him as his success in football; ‘when I joined [Kindergarten] I became 1st in the class and when I passed to first grade I became third in rank and remained third from [grade] two to three. [You were happy because you became third in the class?] Yes [What else makes you happy other than education?] Playing football’. Tessema also remembers his rank during every grade he attended and one of his greatest regrets is that in one English test ‘I knew the answer but I replied the wrong answer. I lost six marks’. Berhane is in grade 8 as she

Table 8 Health, schooling, cognitive outcomes and subjective wellbeing for the three case study children

	Orphans			Non-orphans
	Teferi	Berhane	Tessema	
Gender	Male	Female	Male	–
Per capita expenditure	802.68	2563.44	2256.27	–
Household size	8	9	3	–
Caregiver reading and writing	With difficulty	Easily	Easily	–
Body Mass Index (z score)	–0.24	–1.88	–1.45	–1.65
School enrolment (%)	100	100	100	95
PPVT score (range 11–127)	1115	116	111	75
Mathematics score (range 0–9)	7	4	6	5
Current position on ladder (range 1–9)	2	4	8	4
Future position on ladder (range 1–9)	5	2	9	6

started school age 6 and only repeated 1 year of school in 6th grade. Teferi and Berhane feel less positively than average about their current and future lives with Berhane reporting that her life will get worse in the future, possibly due to her health.

4.2.1 Smoothness of the Transition to New Caregivers after the Death of their Parents

Of the three case study children, Tessema had the most disrupted transition as although he and his siblings were initially supported by friends of the family after their mother's death (his father either left or died when he was very young) when this support ceased his brother had to leave school aged 15 to become head of the household. His brother describes how this was 'a big accident for us' and although he initially became a temporary economic migrant after leaving school aged 15, he returned to look after his siblings;

I went to a friend who lives far away for a month or two. My sister started working in a boutique. I hear about how my sister and brothers are. I was confused and wanted to think about it. Then I realised that we don't have anybody. So I started working and comforted my brothers and sister

The disruption caused by this and subsequent family illness affected Tessema's schooling and explains why he is only in grade 5 (for example, he started preschool, but had to drop out after his mother's death). In contrast, after Teferi lost his parents his grandmother immediately brought him to live with her in another part of the city within minimal disruption to his schooling. Berhane had an even smoother transition as her father moved with her to her uncle and aunt's house in Addis Ababa after her mother's death and they then became her caregivers when he died 1 year later.

4.2.2 Material Wellbeing

Although two of the three case study households are relatively wealthy by local standards (the monthly per capita expenditure of Berhane's and Tessema's households are

2,563 ETB² and 2,256 ETB respectively) and two are receiving support from an NGO, only Tessema's household could be described as small. For example, Teferi lives with his mother's grandmother (age 58), his three brothers, and three young relatives. His school has waived the tuition costs for him and his brother and he receives an annual grant of uniform, shoes and exercise books from the Christian Children's Foundation (CCF). Berhane lives with her uncle, aunt, and three cousins, who are very protective of her (she says of her aunt and uncle 'it's like they are my parents and their daughter is like my sister'). Tessema lives with his brother who works as a daily labourer with an NGO unloading sugar cane trucks and his 15 year old half-brother. His sister has been working in Beirut for nearly 2 years, but rarely sends money. They receive irregular support from CCF and other local NGOs in the form of school materials, wheat, and oil and Tessema's private school has waived his fees.

4.2.3 *Individual Motivation and Psychosocial Wellbeing*

Teferi is an energetic and motivated youth who washes cars at the weekend and 2 hours every evening during the week in the street outside his home. He has increased his income by also changing tyres and describes the positive changes this has brought: 'I have been buying [school] bags before but now I can buy a nice one'. Teferi gives the majority of his weekly earnings of 55 ETB to his grandmother, keeping some back for clothes, uniform and school materials, and says that he and his brothers are saving to buy his grandmother her first fridge. His grandmother observes that he is more serious than other boys ('he does not tend to expend the money he gained [through running errands] on candies or chewing gums like other children. He immediately expends it for the cause of his family, as much as possible'). He is also more ambitious ('[he] worries about the family like an adult and his prime objective is to be a great man and to get to a good status in the future'). In the future Teferi would like to work for a garage like his older brother (his grandmother would like him to be a pilot and live abroad) but in the meantime he concentrates on developing his craft skills and running errands for neighbours for money. However, he is careful to put his studies first and explains how working 'doesn't have any impact on my education [or] cause any conflict to my study time because I decide the time when I study and work, I program for the time of my study and the time I take rest'. Teferi's example illustrates how in the right circumstances, with appropriate support, individual motivation can lead to improved outcomes.

While Teferi comes from one of the poorest households in the older cohort he doesn't seem disturbed by his poverty. For example, he has a long discussion with the researcher about the unimportance of having a television and video recorder relative to other goods such as health and notes that while 'there can be three or four types food that can be prepared at one house, [but] if you come with me today, we have one or two types of food'. Material indicators may matter less because he is determined and ambitious ('[in the future] I would have knowledge's wealth via my education [and] material wealth [such as] sofa and refrigerator since I get learning and work hard') and has developed a wide repertoire of skills. Nonetheless, Teferi worries about 'sudden accidents' in the future (recalling his grandfather's death after being hit during the elections), which reflects his awareness of the vulnerability of a household with one adult wage earner. This shapes his behaviour, for example, the children he spends his time with, as his grandmother has told the children in the household to behave well 'for fear that they might be disliked or

² On 29/04/10, 1 USD = 13.70 ETB.

condemned by the people around here', which would make them vulnerable if she were to die.

Education is clearly important to Tessema as when asked to characterise a boy who is living well he provides a detailed description of the boy's school: 'he goes to a school that has a field and equipment for kids to play on such as a shertete (slide), jiwajiwe (swing), and merry-go-round. The school is not far [from his home], it has good classrooms and clean toilets for boys and girls separately; and it also has a library'. Despite, or perhaps because of the death of his parents at an early age, his brother and the researcher concur that he seems more resilient, patient and accepting than other children in the community. He, is also clearly respected, to the extent that he is taken as 'a model for the others in the area'. This makes it easier for him to access support from others in the community, for example, the headmaster of the private school that has given him a scholarship. His brother describes him as 'very thoughtful [...] He has seen the problem when he was a child. Now he tries to comfort us that things are good and would be better. [...] He is patient if I don't fulfil what he needs immediately. He knows that if I am not able to do it today I would do it tomorrow'. Nonetheless, Tessema talked in his interview about the importance of parental 'follow-up' which his brother couldn't provide, and described how children with good lives have their parents continually beside them: 'when he comes from outside his parents give him water to wash his hands and take care of him'. His brother describes how even though 'he is getting better now [...] in times such as holidays, not only he but also we could feel [our parents' loss]'.

Berhane appears shy and talks quietly and slowly, nonetheless, her aunt says that she often becomes frustrated and angry, particularly when asked to do things while playing 'she is ill at ease, very hot-tempered [...] in case you call her and tell her to do that or this thing while she is playing [...] then] anger will be the simplest emotion for her to feel in such a case and she even insists in doing things which you did not order her to do'. Berhane's propensity towards anger and disobedience will make it more difficult for her to access support from neighbours and older relatives now, and build social networks in the future, since self-control and respecting elders are greatly valued. Her aunt explains Berhane's behaviour in terms of her early experiences 'she often thinks a lot. She has known the sense of father and mother. She is old enough to know about things happened in the past and she has bad feelings. That is why she is weakened and tends towards playing'. Her aunt is worried that Berhane may discover her HIV status (currently managed with anti-retroviral therapy) although she still feels it is too soon to tell her as she is not yet 'mellow with age'.

4.2.4 Support from Family and Peers

Teferi's grandmother appreciates the contribution he makes to the family and tries to provide a supportive family environment which will build his sense of self-esteem and self-efficacy. She describes how he seems willing to turn his hand to anything ('he does what is available there as much as possible') giving examples of work shining shoes, washing cars, and running errands for neighbours ('he is a diligent kid and many people around here love him a lot').

Teferi recognises the importance of having good relationships in the neighbourhood and describes how he avoids boys who have dropped out of school and spend their time hanging around, preferring to spend time with friends from school ('they say that they haven't birr for that day and thus they ask their family [...] They do not work, but they consume their time spending the day at nonsense places'). Last year he described how

happy he was to have made ‘new and clever friends [who] would help me to be more clever than before’ and explains ‘they may help me to know things that I do not know before since they are more intelligent than me’. This suggests he has a shrewd understanding of the importance of having peer networks that provide the right sort of role models, an understanding shared by Tessema.

Unlike Teferi, Tessema doesn’t do paid work, and only does light chores such as making his bed, which he shares with his brothers. He has friends in the neighbourhood and at school whom he plays football and studies with and he also competes with his classmates to get the best grades (his best friend is currently top of the class). Nonetheless, Tessema spends most of his free time with his brothers, playing games and watching films; his brother describes how ‘it is just the three of us. Since we don’t have anyone else we love and support each other’. Although his neighbours provide ‘social parenting’ ([...they] support him giving him morals and advice’), his brother plays a central role in his life: ‘whenever he feels sad, I advise him and comfort him. I make him ready for things before they happen’. While Tessema thinks that he will have a better life than his brother because ‘he does a simple work, but if I have a better work at the office than he has now I would get money’ he is also concerned about being different from and therefore distant from his neighbours: ‘the poor say I am rich and that I grow up with the help of an organisation’s aid, but if I live like my brother they will not say anything’. Avoiding being perceived as different is an important consideration as one of the main problems with schemes targeting orphans is the resentment they cause among other households and children in the community.

Berhane’s role model is her aunt who is relatively strict with her and her cousins (her aunt describes how she tries to ‘I raise my children in the way I was grown up’) and she has recently made contact with her grandmother. She goes to the local school and has friends both there and among their neighbours, although her aunt encourages her not to stray far from home. In 2008 Berhane started grade eight, putting her ahead of her friends who are in grade three or four. Consequently they can’t help her much in her studies, even though in the past ‘they would bring me their exercise books so that I would copy what they have learned and they explain what they have learned for me’.

4.2.5 Educational Role Models and Caregivers’ Attitudes Towards Education

Teferi’s mother and father were educated to grades 10 and 12 respectively, which may have shaped his educational aspirations, and he is in grade seven, having repeated the grade as he felt he needed to understand it better. His grandmother is strongly supportive of his education, despite having only been educated to grade two. Tessema’s half-brother is in grade eight and walks with him to school and his brother is also very supportive of his education:

I try to provide him with the materials he needs as I can and I advise him to work hard so that he could compete with them [...] I stopped my education [at grade eight] because of problems. I didn’t have anybody to support me. So I would do anything to give him whatever is necessary for his education

Berhane’s mother was educated to grade eight and her father and caregiver to grade 12; she is now in grade eight. Like Teferi and Tessema, Berhane experiences her caregivers as supportive and is aware of the positive effect that this has on her education; ‘my mother [uncle’s wife] gets me anything I want. I have not faced any challenge. When I am sick I tell my uncle’s wife and she takes me to the clinic and she takes care of me at home’.

During the researchers' last visit she made an explicit comparison between her life as a student and the lives of her friends from rural areas who 'do not like learning' because 'during the day time they attend the baby and clean the house and go to school during the night time'. This makes it more difficult for rural girls to complete their primary education in the relatively small window before they would be expected to marry. Berhane's cousin, who is studying hotel management, advises her on her education, and her family buy her school materials. Berhane expects her family to support her 'until I grow up, until I finish my education' and in return she meets their expectations by 'studying hard and doing household chores'. Ultimately she wants to be a doctor and find a cure for HIV, although her aunt would be happy if she were either a doctor or a nurse.

5 Conclusion

The quantitative and qualitative analysis shows few significant differences between orphans and non-orphans on indicators of health, education and subjective wellbeing, although the case studies emphasise that many years later children are still distressed by the memory of their parents' deaths. This may be because children are integrated into existing family structures and are often located in households that are wealthier than average (for example, Berhane). It suggests that within Young Lives' sample the short or medium term impact of orphanhood on schooling, health and subjective wellbeing may be overstated. This supports the position of Bray (2003) and Meintjes and Giese (2006), both writing in the context of South Africa that in situations of widespread vulnerability the distinction between orphan and non-orphan is overdrawn. Richter (2008: 7) concurs, arguing that even the term 'AIDS orphan' causes confusion as

The UNAIDS definition of an orphan—a child under 18 who has lost one or both parents (UNAIDS et al. 2004) does not accord with common-sense meanings in different cultures. In Western countries, the usual meaning of an orphan is a child who has lost both parents; in much of Africa, it is someone without family or close kin. [...the term] has framed the epidemic's impact on children as an individual rather than a national social problem, and has separated assistance to children from efforts to support families and communities

However, there are a number of caveats, summarised in Rutter (2008). Firstly, we may be measuring too narrow a range of outcomes, although the inclusion of subjective wellbeing suggests that this isn't the case. Secondly, there are limits to resilience and sequelae can persist as a result of alterations in the way children relate to others, self-perpetuating changes in styles of behaviour, adverse effects on brain development, neural structures and the neuro-endocrine system, and the establishment of negative beliefs about oneself. Rutter (2008) further cautions that 'orphanhood is a process that begins a long time before and can potentially continue a long time after', particularly when it takes place during the developmentally crucial period of age zero to three.

Nonetheless, both the quantitative and qualitative findings emphasise that negative outcomes cannot be assumed, and suggest a range of potential protective factors such as the importance of making smooth transitions to new caregivers after the death of parents that merit further exploration with particular children in particular contexts. Potential implications for policymakers include the importance of basic services and social protection schemes that benefit all vulnerable children and their households without the uncertainty and exceptionalism associated with NGO benefits. Secondly, the programmatic

focus on deprivation in the early years (before age 2) should be broadened to include children in middle childhood (age 8 to 12) who in relation to their education may be more at risk due to the timing of their loss and the greater difficulty of finding households to take them in. Finally, as Rutter (1999:483) observes, the greatest damage is caused not by the separation, but by the “accompanying family discord and disruption” as households break up, siblings are separated, etc. Providing financial support to the surviving parent, grandparent or older sibling would smooth this transition and ensure that caregivers can continue to provide the economic, emotional and social care or ‘social parenting’ which institutions are less able to supply.

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